

NEW HAMPSHIRE COMMISSION FOR HUMAN RIGHTS
2 INDUSTRIAL PARK DRIVE
CONCORD, NEW HAMPSHIRE 03301
(603) 271-2767
Fax: (603) 271-6339
TTD ACCESS: RELAY NH 1-800-735-2964
Email: humanrights@nh.gov

HOUSING & COMMERCIAL PROPERTY INTAKE QUESTIONNAIRE

THIS IS NOT A CHARGE OF DISCRIMINATION. This is a questionnaire which will give a Commission investigator information about your claim. An investigator must decide whether you have the basis to file a formal charge. If the investigator needs more information from you, you will be interviewed by telephone, after we receive your completed questionnaire. If a Charge is to be filed, the Commission will draft your charge from the information you provide and will send the charge to you in the mail. You will then sign the charge under oath and return it to the Commission for filing/docketing. If the Commission believes you do not have the basis to file a charge of discrimination, you will be sent a letter explaining why.

Please fill out this form as completely as possible, print out a copy, and mail it to the New Hampshire Commission for Human Rights at: **2 Industrial Park Drive, Concord, NH 03301.** You may also FAX your completed questionnaire to us at: **603-271-6339.**

Keep a copy of the completed questionnaire for your records.

1. Name _____ Date: _____
Address _____
City _____ State _____ Zip Code _____
Telephone (include area code) _____ work _____
Email address _____
Date of Birth (if age claim) _____
2. Who are you filing against? ☐ Landlord ☐ Owner ☐ Bank ☐ Managing Agent
☐ Lessee ☐ Sub lessee ☐ Assignee ☐ Builder ☐ Agent ☐ Salesperson ☐ Other
3. Name _____
Address _____ City _____ State _____
Zip Code _____ Telephone _____ County _____
4. Location of Property:
Address _____ Apartment No. _____
City _____ State _____ Zip Code _____
5. Property Type:
House _____ Single family _____ Duplex _____ Multifamily _____
Number of such homes owned by Respondent _____
Is broker/agent/salesman being used _____
Are ads expressing a preference/limitation or discrimination being used _____
Apartment _____ Number of Apartments _____

Does the owner or member of owner's family reside in one of the dwelling units?_____ (yes or no).

Condo_____ Mobile Home_____ Mobile Home Park_____

Commercial_____ Rooming House_____ - Number of rooms_____

Does the owner or a member of the owner's family reside in one of the rooms?_____

Is the unit for sale _____ or for Rent _____

6. Please check the cause(s) of the alleged discrimination

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Creed | <input type="checkbox"/> Color | <input type="checkbox"/> Race |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Religion | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Familial Status |
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Mental disability | <input type="checkbox"/> Sexual Orientation | |
| <input type="checkbox"/> National Origin | | | |

Specify cause checked:_____

If you checked race, indicate your race _____

If you checked National Origin, indicate your National Origin _____

The following question is voluntary if not checked above:

What is your Race? _____ What is your National Origin? _____

7. Please check the alleged discriminatory action/condition:

- | | | |
|--|--|---|
| <input type="checkbox"/> Refusal to rent | <input type="checkbox"/> Refusal to sell | <input type="checkbox"/> Terms/conditions of rental |
| <input type="checkbox"/> Refusal to mortgage | <input type="checkbox"/> Advertising | <input type="checkbox"/> Terms/conditions of sale |
| <input type="checkbox"/> Refusal to provide disability accommodation | <input type="checkbox"/> Provision of services or facilities | |
| <input type="checkbox"/> Representation that dwelling or commercial structure is not available | | |
| <input type="checkbox"/> Eviction solely on grounds that person has acquired immune deficiency syndrome (AIDS) or is regarded to have acquired immune deficiency syndrome | | |
| <input type="checkbox"/> Inducement or attempted inducement of a person to sell or rent a dwelling by representations regarding the entry or prospective entry into the neighborhood of a person or persons of a particular age, sex, race, color, marital status, familial status, physical or mental disability, religion, sexual orientation, or national origin. | | |
| <input type="checkbox"/> other _____ | | |

8. Explain on a separate piece of paper what action was taken against you that you believe to be discriminatory. Were other persons treated differently than you? What harm, if any, was caused to you as a result of that action? Please include all relevant names and dates. If you have any documents concerning the situation, please attach copies to your statement.

9. **First Date of Discrimination: Month _____ Day _____ Year _____ (REQUIRED)**
Last Date of Discrimination: Month _____ Day _____ Year _____ (REQUIRED)

10. If not included in your response to Number 8 above, how did you become aware of the property?

Ad/Paper/Word of mouth_____ Date: _____ Date called: _____

Who talked to _____ Decision _____ Date _____

Reason given for rejection/decision _____

11. Disability Discrimination Charges (additional information which may be relevant):
Does the complaint relate to accessibility in a residential property? _____ (Yes/No)
If yes, is/was the property:
(a) a building with one or more elevators? _____ (Yes/No)
(b) a ground floor unit in a building consisting of 4 or more units? _____ (Yes/No)
(c) designed and constructed for first occupancy after March 13, 1991? _____ (Yes/No)
12. Have you sought any assistance about the action you think was discriminatory from any other government agency, union or from other source?
☐ Yes ☐ No If yes, indicate:
Name of source of assistance _____
Result if any _____

FOR AGENCY ACTION ONLY

Action taken:

- | | |
|--|---|
| <input type="checkbox"/> Charge taken | <input type="checkbox"/> Not a covered basis |
| <input type="checkbox"/> Information only | <input type="checkbox"/> Actions complained of do not state valid claim |
| <input type="checkbox"/> Not a timely charge | <input type="checkbox"/> No employer/employee relationship |
| <input type="checkbox"/> CP is a federal employee | <input type="checkbox"/> Referred to another agency: _____ |
| <input type="checkbox"/> CP chose not to file | <input type="checkbox"/> Other reason (Specify): _____ |
| <input type="checkbox"/> Not enough employees | |
| <input type="checkbox"/> Charge already filed at another agency | |
| <input type="checkbox"/> Civil action already filed in court on same basis | |

Investigator's initials: _____ Date: _____

Letter sent: _____ Date: _____ Initials: _____